

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000002099

1. Limited Liability Company's Name

FIFTEEN SABAL PALM, LLC

2. Principal Office Address

763 COLLINS AVE.

Suite, Apt. #, etc.

STE. 304

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida

12/30/99

6. FEI Number

65-0972266

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

IAN SANDERS

Street Address (P.O. Box Number is Not Acceptable)

763 COLLINS AVE.

Suite, Apt. #, Etc.

STE. 304

City

MIAMI BEACH

State

FL

Zip Code

33139

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jan Sanders

REGISTERED AGENT MUST SIGN

Date

12/6/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
16RM	FIFTEEN SABAL PALM, INC.	763 COLLINS AVE, SUITE 304	MIAMI BEACH, FL 33139

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Jan Sanders

Date

12/6/00

Daytime Phone #

305-538-8315

Typed or printed name of signing Managing Member/Manager

IAN SANDERS

FILED

00 DEC 13 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR20041 (9/00)